



## Promoting COVID-19 Vaccine Equity in North Carolina

DATA AS OF MARCH 24, 2021

Longstanding racial and ethnic injustices contribute to disparities in vaccination rates among historically marginalized populations. We are building equity into every aspect of vaccine distribution in order **to close the vaccination gap** between white populations and Black/African American, Hispanic/Latinx, and American Indian populations in North Carolina.

### Equity Highlights

	Share of Vaccinations in the Past 2 Weeks	Share of Overall NC Population
Black/African American vaccinations	18.7%	23.1%
Hispanic/Latinx vaccinations	9.2%	9.8%
American Indian vaccinations	0.8%	1.7%

- North Carolina was named [the only state](#) to collect and publicly report race and ethnicity data for nearly 100% of vaccinations
- According to the [CDC](#), two-thirds of those vaccinated in North Carolina between December 14 and March 1 were from “highly” or “moderately” vulnerable communities, ranking the state in the top ten for equitable vaccine coverage
- North Carolina was [featured in Bloomberg News](#) for its data-driven approach to reducing disparities in vaccination rates

*“This effort has already been a resounding public health victory and proof of the power of small groups to mobilize quickly and effectively. With the CDC’s new guidelines for fully vaccinated people, the imminent clinic, and a thorough knowledge of our community’s vaccination status, the light at the end of the tunnel is shining a whole lot brighter.”*

— Quinn Holmquist, describing a community vaccination event at Reality Ministries serving individuals with intellectual and developmental disabilities

# Actions to Ensure Vaccine Equity

## 1. Earn trust from historically marginalized communities

### STRATEGIES

- Identify and work with trusted messengers to share information about vaccines with people in historically marginalized communities
- Equip trusted messengers with resources including presentations, testimonials, and customized toolkits
- Produce PSAs featuring trusted messengers, including faith and community leaders
- Invest in media trusted by historically marginalized communities

KEY METRICS	Past 2 weeks	Overall
Community vaccine presentations hosted by groups representing historically marginalized populations	6	110
Attendees at community vaccine presentation hosted by groups representing historically marginalized populations	20,329	63,491
Paid media reach*	419,411	714,056
Paid media impressions*	8.3 million	11 million

\*Note: Paid media has been running 3 weeks.

## 2. Embed equity in vaccine operations

### STRATEGIES

- Outline clear expectations that vaccine providers should be vaccinating historically marginalized populations proportionate to their representation in the county and region, at a minimum
- Onboard vaccine providers who serve historically marginalized populations, such as Federally Qualified Health Centers, independent pharmacies, and primary care providers
- Set aside doses for vaccine providers and events focused on reaching historically marginalized populations
  - 90 providers applied and received doses as part of a three-week “Equity Series” starting the week of March 22

KEY METRICS	Counties That Closed their Vaccination Gap*	Counties Improving Gap Measure**
Black/African American vaccinations	9	42
Hispanic/Latinx vaccinations	1	90
American Indian vaccinations	2	62

	Past 2 weeks	Overall
Federally Qualified Health Centers, primary care providers, and community pharmacies onboarded as vaccine providers***	63	705
First doses allocated to Federally Qualified Health Centers, primary care providers, and community pharmacies***	78,500	209,595

\*These are counties where the share of all first doses that have gone to a given demographic group at least matches their representation in the county population.

\*\*These are counties where the share of first doses going to a given demographic group has increased over the past two weeks.

\*\*\*The majority of Federally Qualified Health Centers receive doses through a federal program. NCDHHS is onboarding and allocating doses to Federally Qualified Health Centers that are not in the federal program.

### 3. Promote accountability through data transparency and use of data

#### STRATEGIES

- Require all vaccine providers to collect and report race and ethnicity data
- Provide weekly reports to each vaccine provider on their race/ethnicity vaccination rates
- Publish public dashboard updated daily that shows vaccine rates by race/ethnicity at state and county level
- Use data to surface challenges, identify what's working, and inform future strategies

KEY METRICS	Past 2 weeks	Overall
Share of people vaccinated in the state for which race data is publicly reported	96.4%	98.4%
Share of people vaccinated in the state for which ethnicity data is publicly reported	93.6%	97.0%

## Sharing Equitable Practices

We are providing clear expectations for vaccine providers. If you take vaccine, it is expected that you will be vaccinating historically marginalized and minority populations proportionate to their representation in your county. We are asking providers to embed equitable practices into their vaccine operations to ensure accessibility.

### Set aside appointments

Vaccine providers should hold slots for minority populations and preferentially schedule slots before opening to general population. Providers should partner with community-based organizations with experience serving historically marginalized populations to fill appointments.



- The federally-supported vaccination sites in Greensboro, Alamance County, and Winston-Salem set aside 50% of appointments to fill with historically marginalized populations through partnerships with community-based organizations and a call center.

## Mitigate barriers to accessing web-based scheduling systems

First-come, first-served online appointment systems can be difficult to navigate. Those without computer access or who do not have the ability to monitor a vaccine provider's website may be unable to sign up for appointments. Vaccine providers should conduct proactive outreach via phone or in person and should partner with community-based organizations to assist with scheduling.



- A provider in Nash County is using a database of landline phone numbers so staff can call prioritized populations to schedule appointments.
- A provider in Pitt County partnered with faith leaders to send volunteers with tablets into the community to sign people up for vaccine appointments on the spot.

## Remove physical barriers

Vaccine providers should ensure vaccination sites are accessible to populations without consistent access to transportation. Providers should host vaccinations at a location that is easy to access through public transportation and familiar to participants, help arrange or provide free transport, and extend hours to accommodate seniors requiring transport from family members and others working during traditional business hours. Providers should also arrange for vaccine administration for homebound individuals who cannot come to a vaccination site.



- A vaccine provider in Avery County worked with community partners to vaccinate 135 migrant workers on two farms using a mobile trailer. Following a coordinated outreach and education campaign using linguistically and culturally sensitive materials through cooperative extension representatives, farm labor contractors, vaccine providers, and community-based partners, only 6 workers offered a vaccine declined.
- A campaign to provide 100,000 free rides to vaccine appointments for communities of color, seniors, and the underinsured has been launched by RIDE UNITED NC, a partnership between United Way of the Greater Triangle, Blue Cross Blue Shield of North Carolina, and the NC Department of Transportation.

## Help North Carolina achieve vaccine equity.

- Use our [Toolkit for Partner Organizations](#) to promote vaccination in your community
- Fill out our [Survey for Organizations](#) interested in Hosting or Supporting Vaccine Events to support a vaccination event in your community